



**Unified Government
Wyandotte County
Motor Vehicle Department
710 North 7th Street, Suite 240
Kansas City, KS 66101
Phone: (913) 573-2821
Fax: (913) 573-2890**

Affidavit of Misplaced Vehicle Registration

Vehicle Information

Owner's/Lessee's Name: _____ Plate #: _____

Year: _____ Make: _____ VIN: _____

The above vehicle license plate/registration has been knowingly misplaced by owner.

I, the owner/lessee of the above referenced vehicle or trailer, swear by my signature that the registration issued for this vehicle/trailer is no longer in my possession due to the reason checked above. I have contacted the local or state law enforcement agency to report a lost or stolen license plate. However, the law enforcement official declined to take the report due to no obvious indication that a crime has occurred.

Signature of Owner/Lessee

Date

For a Current Registration receipt; please include a \$1.00 check payable to Dept. of Motor Vehicles to process a duplicate registration.

For a Replacement License Plate; please include a \$3.00 check payable to Dept. of Motor Vehicles to process a duplicate registration.